PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column I) FOR NUMBER FILED **NUMBER EXTRA** RATE RATE Transport of the second BASIC FEE OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS 1,5 4162 minus 20 = OR (J7 CFR 1.16(c)) x S INDEPENDENT CLAIMS 1690 42 = minus 3 = OR = (17 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR のころい OR TOTAL TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total Minus ĸ S (37 CFR 1.16(c)) OR Independent • • • Minus (37 CPR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT FEE (Column I) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) Minus x \$ OR Independent Minus OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

07 CFB 3.16(d))

OR

OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT, FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.